

DENTAL HISTORY

Previous Dentist _____ Location _____

Approximate Date of Last Exam _____

Yes No

Do your gums bleed while brushing
or flossing? _____

Are your teeth sensitive to sweet
foods? _____

Are your teeth sensitive to cold/hot
foods? _____

Do you feel pain in any of your
teeth? _____

Have you ever had any head,
neck, or jaw injuries? _____

Have you ever had any
discomfort w/ your jaw
joint or difficulty opening
& closing? _____

Yes No

Do you have frequent
headaches? _____

Do you clench or grind
your teeth? _____

Do you or have you ever
Worn a denture or partial? _____

If yes, last date of placement _____

Have you ever worn braces? _____

Do you have any sores or lumps
in or near your mouth? _____

Do you like your smile? _____

FINANCIAL POLICY

Our primary mission is to deliver the best & most comprehensive dental care available. An important part of this mission is making the cost of optimal care as manageable for our patients as possible by offering several payment options.

PAYMENT OPTIONS

You can choose from:

* Cash, Check, Visa, MasterCard, or Discover

For our patients who do not have dental insurance, at your request, we will offer a 5% courtesy adjustment when you pay for treatment with cash or check on the day service is rendered.

*Payment Plans from CareCredit

- Give you the option of paying over time with NO INTEREST.
- Convenient, low monthly payment plans also available.
- NO annual fees or pre-payment penalties.

PLEASE NOTE:

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.

All prices quoted by our office should be considered estimates. Patients are responsible for all payments or portions of payments not paid by their insurance carriers.

A fee of \$50 may be charged to patients who miss or cancel appointments without 72 hrs notice. (Notice must be given Mon-Fri.)

For appointments over 1 hour long, we may require half of your payment when scheduling in order to reserve your space.

Hilliard Modern Dental charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the treatment you want and need.

Patient, Parent or Guardian Signature Date